

## APPLICATION FOR A DISTRIBUTOR'S LICENSE

**KRS 238.530(3) PROVIDES THAT NO PERSON WHO IS LICENSED AS A DISTRIBUTOR SHALL BE LICENSED AS A MANUFACTURER AND NO PERSON LICENSED AS A MANUFACTURER SHALL BE LICENSED AS A DISTRIBUTOR.**

**A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST SIXTY (60) DAYS PRIOR TO THE INTENDED START OF YOUR LICENSE OR THE EXPIRATION OF YOUR CURRENT LICENSE.**

### GENERAL DISTRIBUTOR INFORMATION

1. **Name of Applicant (Distributor):** \_\_\_\_\_  

☐ New☐ Renewal DIS- \_\_\_\_\_
  
2. **Is applicant organized as:** \_\_\_\_\_

☐ Corporation  
☐ Partnership  
☐ Limited Liability Co. (LLC)  
☐ Sole proprietorship  
☐ Other

If "other", explain in detail: \_\_\_\_\_  
\_\_\_\_\_
  
3. **Street Address of applicant:** \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_  
Fax number: \_\_\_\_\_
  
4. **Federal employer tax identification number:** \_\_\_\_\_
  
- 5a. **Date of Birth (If applicant is an individual):** \_\_\_\_\_



## OFFICER INFORMATION

- 5b. The following information is required for the chief executive officer and the chief financial officer of the applicant. **Note:** These officers shall be subject to a state and national criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.

**Chief Executive Officer:**

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

**Chief Financial Officer:**

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

- 5c. The following information is required for officers of the applicant not listed in question #5b above:

Name: \_\_\_\_\_

**Officer's title:** \_\_\_\_\_

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Name: \_\_\_\_\_

**Officer's title:** \_\_\_\_\_

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Name: \_\_\_\_\_

**Officer's title:** \_\_\_\_\_

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Name: \_\_\_\_\_

**Officer's title:** \_\_\_\_\_

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

(Attach additional sheets, if necessary)

## FINANCIAL INTEREST

- 5d. The following information is required for each individual who has a 10% or greater financial interest in the applicant (distributor). Note: These individuals shall be subject to a state and national criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Social security number: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

## MANAGEMENT

- 5e. List all other persons with management responsibilities not listed above:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

**Note: PO Box is not acceptable**

Home Street Address: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip \_\_\_\_\_

State/Zip \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Social security number: \_\_\_\_\_

Please provide job title or position held and describe regular job duties:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional sheets, if necessary)*

## DISTRIBUTORS/MANUFACTURERS

6. **Please list the names and locations of all licensed manufacturers and other distributors from which you currently, or plan to, purchase charitable gaming supplies and equipment:**

Name: \_\_\_\_\_  
Ky. License number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
Ky. License number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
Ky. License number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
Ky. License number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

## REGISTERED AGENT

7. **If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of the applicant's registered agent in Kentucky:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

## GENERAL INFORMATION

8. **Is applicant currently licensed or permitted to distribute charitable gaming supplies and equipment in any other states, territories, or countries?**

☐ Yes or ☐ No

If "yes," please list the state, territory, or country:

State/territory/country: \_\_\_\_\_ State/territory/country: \_\_\_\_\_  
State/territory/country: \_\_\_\_\_ State/territory/country: \_\_\_\_\_  
State/territory/country: \_\_\_\_\_ State/territory/country: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

9. **Has the applicant had any disciplinary action taken against it by regulatory authorities in any other states, territories, or countries?**

☐ Yes or ☐ No

If "yes", state when and by what regulatory authority and on what ground(s):

\_\_\_\_\_  
\_\_\_\_\_

10. **Has the applicant ever been denied a license or permit in any state, territory or country?**

☐ Yes or ☐ No

If "yes", state when and by what regulatory authority and on what ground(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Has the applicant had any disciplinary action taken by any other regulatory authorities in the Commonwealth of Kentucky?**

☐ Yes or ☐ No

If "yes", explain in detail the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 12a. **Has applicant or any individual named in questions #5b, c, & d above been convicted of a crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

☐ Yes or ☐ No

If "yes", describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- 12b. **Is the applicant or any individual named in question #5b, c, & d above under indictment in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

☐ Yes or ☐ No

If "yes", describe in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUPPLIES AND EQUIPMENT

13. What charitable gaming supplies and equipment are provided by your company?

- ☐ bingo paper
- ☐ charity game tickets
- ☐ card minding devices
- ☐ bingo flash boards and blowers
- ☐ festival – carnival type games
- ☐ monte carlo type games
- ☐ Other: \_\_\_\_\_

The applicant shall notify the Office of Charitable Gaming in writing of any changes in responses to questions 1-13 above within 30 days.

### CERTIFICATION

I certify under penalty of perjury that I am an officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Officer's Title: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed application (including all required attachments), together with the \$25.00 processing fee made payable to "Kentucky State Treasurer", to:

Environmental and Public Protection Cabinet  
Office of Charitable Gaming  
Division of Licensing & Compliance  
132 Brighton Park Boulevard  
Frankfort, KY 40601

If you need any help completing this application, please call (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

visit our website at:  
<http://www.ocg.ky.gov>